



# Holiday 2005 Fun Festival

LINCOLN PARKS AND RECREATION

Supervised, organized play for kids K - 5th Grades. Activities will include: Organized games, crafts, occasional field trips and other selected supervised activities.

Children must bring a sack lunch, drink and tennis shoes. An afternoon snack is provided.

**Registration begins November 7.**

## Program Dates:

**December 27, 28, 29, 30, Jan 3**

**You may register for any or all of these dates.**



## Locations:

### Belmont Recreation Center

1234 Judson, Lincoln, NE 68521

441-6789

### Calvert Recreation Center

4500 Stockwell, Lincoln, NE 68506

441-8480

### Irving Recreation Center

2010 Van Dorn, Lincoln, NE 68502

441-7954

**Multiple Child Discount:** Families enrolling more than one child will receive a multiple child discount if all children live in the same household. The full base rate applies to the first child, *additional children pay \$25 per day.*

**Sliding Fee Rate:** *(Consideration based on income and size of household)*

Complete a registration form and a sliding fee form that is available at the Belmont, Calvert or Irving. These forms must be submitted with proof of income (*recent paycheck stub or tax return*). Please contact the appropriate Center to determine the amount you will pay.

**Payment must accompany registration form.**



*Register early! We reserve the right to limit the number of registrations, cancel and/or combine sites.*



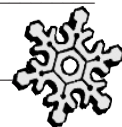
**Program Fee: \$30.00/day**

**Fee includes a \$5 Registration Fee**

**From 7 a.m. until 6 p.m.**

**Holiday Fun Festival Registration**

Participant's Name				Center Attending	
Address		City	State	Zip	Grade
Name of Parents					
Day Phone (Name of Parent at Day Phone)				Evening Phone	
Another Person to contact in case of emergency					
Phone		Address			
Please check Program dates child will attend:					
<input type="checkbox"/> December 27		<input type="checkbox"/> December 28		<input type="checkbox"/> December 29	
<input type="checkbox"/> December 30		<input type="checkbox"/> January 3			
Amount Enclosed \$		Check #		Receipt #	



MAIL PAYMENT TO CENTER YOU WILL BE ATTENDING

## WAIVER AND RELEASE OF ALL CLAIMS

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Holiday Fun Festival I/We recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I/We do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/We further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program.

I/We have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent/Guardian	Relationship	Date
I/we also give absolute and irrevocable right and permission with respect to photographs or video that may be taken of my child/ward to the City of Lincoln for their use in promotions and advertising.		

Signature of Parent/Guardian	Relationship	Date
<b>Field Trip Permission:</b> I or we authorize Lincoln Parks and Recreation to take my child on all field trips, whether by van transportation or by walking during any of the days Holiday Fun Festival.		

**Medical Permission:** In the event of any emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agreed that I will be responsible for payment of any and all medical services rendered.

Signature of Parent/Guardian	Relationship	Date
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